



Strategic Report 9

Participatory Monitoring &
Evaluation for Hygiene
Improvement

Beyond the toolbox:
What else is required for effective PM&E?

A Literature Review

Prepared for EHP by

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Contents

Abbreviations.....	iii
Executive Summary	v
1. Introduction:.....	1
1.1. Background.....	1
1.2. Approach to conducting the literature review.....	2
1.3. Participatory M&E in participatory, sustainable development.....	3
2. Historical emergence of PM&E in development programs.....	5
2.1. Growing international interest in PM&E.....	5
2.2. Limitations of conventional M&E.....	6
2.3. Characteristics of participatory monitoring and evaluation.....	7
3. Overview of Participatory Monitoring and Evaluation	9
3.1. PM&E means different things to different people: alternative terms and concepts.....	9
3.2. PM&E is more than a different tool box: reversals of power	10
3.3. Need for gender- and poverty- sensitive approach to PM&E.....	11
3.4. Purposes of PM&E	12
3.5. Responsibility for PM&E	12
4. Steps in the development and implementation of a PM&E process.....	17
4.1. Steps in development of PM&E strategy.....	17
4.2. Parameters to include in PM&E of Hygiene Improvement programs.....	21
4.3. Categories of tools for PM&E	25
4.4. Existing participatory tools relevant to M&E of key parameters of HI.....	27
4.5. Constraints associated with use of participatory M&E methods/tools	27
5. Institutionalization of PM&E: the challenges.....	29
5.1. Organizational constraints to scaling-up participation in WSH programs.....	30
5.2. Domains of organizational culture requiring change for adoption of PM&E	30
5.3. Attitudes and skills required for effective use of PM&E tools.....	32
6. Analysis of key WSH Guidelines and Manuals for PM&E:.....	33
6.1. Hygiene Evaluation Procedures: Approaches and Methods for Assessing Water- and Sanitation-Related Hygiene Practices (1997) (Almedom et al.)	35
6.2. PHAST Step-by-Step Guide: Participatory Approach for the Control of Diarrheal Disease (2000) (Sawyer et al.).....	37

6.3.	Action Monitoring for Effectiveness: Improving water, hygiene and environmental sanitation programmes. (2000) (Shordt) Parts I and II.	38
6.4.	The Best of Two Worlds: Methodology for Participatory Assessment (MPA) of Community Water Services (2001).....	40
6.5.	Limitations of existing guidelines and tools for PM&E	40
7.	Conclusions.....	43
8.	Recommendations.....	47
9.	Priority references on PM&E.....	49
	Postscript.....	50
	References.....	53

Abbreviations

HI	Hygiene Improvement
IDS	Institute for Development Studies, University of Sussex
M&E	Monitoring and Evaluation
PCM	Participatory Community Monitoring
PM&E	Participatory Monitoring and Evaluation
PRA	Participatory Rapid Appraisal
WSH	Water supply, sanitation and hygiene

Executive Summary

Under the auspices of the Environmental Health Project, a review of the literature on participatory monitoring and evaluation (PM&E) in the water supply, sanitation and hygiene (WSH) sector was carried out. The purposes of this review are: (1) to examine existing methods and tools for monitoring hygiene improvement activities by communities for use in decision-making at the community level; (2) to develop recommendations for improvement or development of community-focused tools for hygiene improvement activities, taking into account the strengths and limitations of existing materials; (3) to analyze the organizational constraints and challenges to institutionalizing PM&E in HI programs; and (4) to formulate recommendations to support institutionalization of PM&E in HI programs.

Documents reviewed were from four areas of literature: (1) Water supply, Sanitation and Hygiene; (2) Participatory, Sustainable Development; (3) M&E in Community Health Promotion; and (4) Participatory Evaluation and Empowerment Evaluation. The analysis focused primarily on five documents published since 1990 by international organizations working in the WSH sector that dealt with PM&E in community programs. It was, however, valuable to look beyond the WSH sector to literature from other sectors, where M&E strategies tend to focus much more on decision-making, learning and empowerment of program stakeholders.

Main findings

Variety of tools for PM&E: A variety of participatory tools and techniques exist, which can be revised for use in PM&E. The available tools, many developed in other sectors, can easily be adapted for use in HI programs, based on the specificity of HI program strategies. Many of the tools can be used not only with community groups, but also with HI development workers to help them assess the programs they coordinate.

Introducing PM&E into organizational settings: In order to increase the use of PM&E in HI programs, the challenge is not only to construct a “toolbox for PM&E for HI,” but rather to develop and sustain PM&E strategies in organizational settings. None of the existing references provide a framework, or methodology, for development of a PM&E system within an organizational/program setting.

Compatibility of PM&E with organizational values: Major challenges to PM&E, and more broadly to participatory, sustainable development, are the prevailing organizational/institutional values and structures, and professional modes of practice that are adverse to participatory work with local people and communities. While participatory approaches, including PM&E, are in vogue, these approaches are more complex than generally assumed. The impact of PM&E strategies will be optimized in organizations/programs that are committed to participatory development, management and learning at all levels. If participatory values and systems are not

present in an organization, the introduction of PM&E should include discussions on how participatory approaches can be adopted more widely.

Dominating behavior inhibits participation and learning in PM&E: Major constraints to the use of participatory methods and tools are the domineering attitudes and behavior of many development workers. PM&E tools are not magic bullets, and their effectiveness depends to a great extent on the attitudes and skills of those who use them. There is a lack of comprehensive training materials aimed at strengthening the attitudes and behaviors of development workers, which are required for the effective use of PM&E tools and methods.

Existing tools and the Hygiene Improvement Framework: In support of the HIF, a generic set of PM&E tools could be developed for use or adaptation in different programs. Given the variety of participatory tools (PRA and related tools) that exist both from WSH sector and other sectors (namely health and rural development), what exists could be adapted for assessing most of the parameters included in the framework.

Tools to assess community participation and capacity-building: In addition to the health-specific objectives and results that should be tracked in HI programs, M&E strategies should also assess the evolution in community participation and capacity-building. Tools are available from outside the WSH sector that can be adapted for monitoring these parameters.

“Methodology” rather than “cookbook”: It would not be appropriate to develop a “cookbook” of HI parameters and indicators for M&E that is applicable to all programs. In the context of PM&E, the choice of such parameters will depend both on the specificity of the program/project and on stakeholder priorities. It would be very valuable to have a group of program implementers and/or stakeholders assist in the development of a methodology for defining such parameters and indicators.

Clarification of the concept of “participation”: There is considerable confusion in the literature regarding the concept of participation related to PM&E. One outcome of the review was to clarify these ideas particularly regarding alternative degrees of involvement in PM&E on the part of both community stakeholders and technical development staff

Complementarity of conventional M&E and PM&E: Conventional M&E and PM&E methods serve different but complementary purposes. The first often involves collection of quantitative information—frequently by outsiders—in order to measure the outcomes and sometimes the impact. This is often for accountability purposes. On the other hand, PM&E methods tend to focus on the collection of more qualitative information—either by or with community representatives—in order to understand strategy implementation, accomplishments and lessons learned. PM&E also contributed to local learning for decision making. In the context of participatory, sustainable development programs, alternative and complementary M&E methods should be used in addition to expert-driven modes of PM&E.

Participatory training for use of PM&E tools: While there are a number of documents that describe participatory tools that can be used in M&E activities, only one of the documents reviewed (Srinivasan, 1990) provides a framework for structuring participatory training on the use of PM&E tools. While the Srinivasan material is very useful, it is not presented a comprehensive training manual with detailed training session designs and the like.

Gender- and poverty-sensitivity in PM&E methods: There is a pressing need to develop *inclusive PM&E methods* that explicitly seek to identify and involve often-excluded groups, namely women, young people and poorer households. These dimensions are generally overlooked in the existing literature and should be highlighted in all tools, training materials and technical assistance for PM&E.

Conclusions

- A generic set of participatory M&E tools to address the parameters/indicators included in the Hygiene Improvement Framework should be developed. This would involve adapting existing PM&E tools from the WSH sector and from other sectors.
- A methodology should be developed, which can be used with an HI program or organization to create a comprehensive M&E system, in which indicators, tools and responsibilities are defined, and a PM&E component is included.
- Participatory training materials for use in teaching HI to development workers/staff and/or community representatives how to use participatory tools for PM&E should be developed. Such materials should include sessions/activities that address the values, attitudes and behaviors that are prerequisites to the effective use of these tools.

Development of Participatory Community Monitoring methodology

Based on the conclusions of the literature review with regard to the need for a methodology to help organizations develop their own PM&E strategies, EHP supported NICASALUD in Nicaragua, a consortium of NGOs working in WSH, to develop such a methodology. NICASALUD worked with three non-governmental organizations to develop an organizational methodology for participatory community monitoring (PCM). The activities defined in the methodology involve: (1) developing organizational commitment to and capacity in PCM (2) developing community capacity to carry out PCM. In addition to developing the methodology, the lessons learned by each organization in developing PCM in their program was documented, and a manual on the organizational methodology for PCM was developed for use by other organizations.

1. Introduction

1.1. Background

The Environmental Health Project (EHP) supports community-based water supply, sanitation and hygiene (WSH) programs in various ways. One key dimension of EHP's work consists of developing tools and methods for involving communities in planning, managing and evaluating such programs. The development of strategies to involve community leaders and groups in ongoing monitoring and evaluation (M&E) of local hygiene improvement (HI) efforts is critical to strengthening the community's sense of ownership of such activities and to increasing the sustainability of HI strategies.

The predominant approaches used in M&E of community health programs, and specifically of HI strategies, draw primarily on concepts and tools from epidemiology in which the focus of M&E is on measurement by external evaluators. In the context of participatory development, alternative and complementary participatory monitoring and evaluation (PM&E) methods are increasingly being considered. PM&E is focused on involving community stakeholders, sometimes with external development agents, in analyzing HI strategies and accomplishments and in learning from such analysis in order to strengthen those same strategies. While conventional, expert-driven modes of M&E will continue to have an important place in evaluating the impact of hygiene improvement efforts, in the context of participatory and sustainable development, alternative and complementary M&E methods are required.

While there is extensive rhetoric and considerable enthusiasm for participatory approaches to M&E in hygiene improvement, as in other development areas, in operational terms, the use of such approaches appears to be relatively limited. This discrepancy between rhetoric and practice was the catalyst for this literature review.

The purposes of this review are: (1) to examine existing methods and tools for monitoring hygiene improvement activities by communities for use in decision-making at the community level; (2) to develop recommendations for improvement or development of community-focused tools for hygiene improvement activities, taking into account the strengths and limitations of existing materials; (3) to analyze the organizational constraints and challenges to institutionalizing PM&E in HI programs; and (4) to formulate recommendations to support institutionalization of PM&E in HI programs.

This review is targeted at development practitioners, particularly health and environmental officers in USAID and other donor agencies in both international and

non-governmental organizations. The content of this literature review is intended to p
program staff make strategic decisions regarding how more participatory M&E
approaches can be integrated into broader M&E frameworks in HI programs and
projects. Many of the insights gained from this review will also be of interest to
development practitioners working in other health and development sectors.

The first section of this document explains the purpose of the literature review and
describes the key bodies of literature examined. The second section describes the
context and factors that have contributed to growing interest in PM&E in
development programs. The third section provides an overview of PM&E including
definitions of key concepts and parameters of this emerging approach to M&E in the
context of participatory development. In the fourth section, key steps in development
and implementation of PM&E are presented along with specific challenges. The fifth
section of the document includes discussion of key challenges to and strategies for
institutionalizing PM&E within organizational settings. In the sixth section, a number
of key WSH guidelines and manuals produced by leading international organizations
are analyzed, and the strengths and weaknesses of each are presented. The latter
sections of the report present the conclusions and recommendations of the literature
review along with priority references on PM&E. The last section briefly describes the
development of a participatory community monitoring methodology in partnership
with several non-governmental organizations in Nicaragua as a follow-up activity to
the recommendations of this literature review.

1.2. Approach to conducting the literature review

The literature review was undertaken in light of the EHP Hygiene Improvement
Framework¹ (see Page 23) and the core indicators for water supply, sanitation and
hygiene programs. Throughout the review process, the attempt was made to examine
the role of PM&E approaches in the context of broader attempts to strengthen HI
programs.

In order to assess the relevance and adequacy of existing PM&E methods and tools
for HI, it was first necessary to define: (1) the concept of PM&E; (2) the purpose of
PM&E; (3) expectations regarding the degree of involvement of community members
and of development agents in PM&E; and (4) the parameters of HI programs that can
be addressed with PM&E methods and tools. These elements are all discussed below.

¹ What is “Hygiene Improvement (HI)”? HI is a comprehensive approach to prevent childhood
diarrhea through a combination of improving access to water and sanitation hardware and household
technologies, promoting proper hygiene, and strengthening the enabling environment to ensure the
sustainability of hygiene improvement activities. EHP developed the Hygiene Improvement
Framework (HIF) for USAID; UNICEF, The World Bank’s Water and Sanitation Program, and the
Water Supply and Sanitation Collaborative Council have endorsed the HIF.

Since the main purpose of this review is to formulate recommendations for strengthening the use of PM&E in HI programs, the first references reviewed were specifically from the water supply, sanitation and hygiene fields. However, as the review proceeded, it became apparent that there are several other complementary bodies of literature, from other sectors and disciplines, that are relevant to this analysis. Ultimately, four areas of literature were examined. They are cited below along with the main themes and issues addressed in each.

Water supply, Sanitation and Hygiene. A number of guidelines and manuals on M&E have been published by WHO, World Bank-UNDP, International Water and Sanitation Centre, UNICEF and the London School of Hygiene and Tropical Medicine. These documents tend to focus rather narrowly on measurement of WSH infrastructure, services and individual behavior, and to a lesser extent on factors such as community capacity-building and mobilization associated with hygiene improvement.

1.3. Participatory M&E in participatory, sustainable development

In the past 10 years, there have been significant conceptual and methodological developments in PM&E in the context of participatory and sustainable approaches to development, particularly in the writing/publications of the Institute for Development Studies (IDS) at the University of Sussex and by IDS collaborators. These works discuss the limitations of conventional expert-driven M&E and the need for PM&E in the context of participatory, sustainable development efforts. This literature addresses such issues as: development of PM&E systems, which build learning organizations through cross-level stakeholder involvement; the attitudes and skills required of development workers to effectively use PM&E tools; and the institutionalization of PM&E. It also includes case study reports on PM&E, primarily from NGOs, using participatory research for action (PRA) tools, some of which are from WSS programs.

M&E in community health promotion programs. The community-health literature from North America, especially the state-of-the-art work on ecological models in program planning and evaluation in health promotion, suggest the need for multi-level parameters in the design of M&E strategies (Green et al., 1996; Wallerstein, 2000). In discussions regarding sustainability of community health programs, similar concepts are put forward in the search for programmatic approaches that can engender organizational and community support (Shediac-Rizk & Bone, 1998). This work suggests the need for M&E strategies in community programs to focus not only on assessing changes at the individual level, but also at the household, community, organizational and in some cases policy levels.

Participatory Evaluation and Empowerment Evaluation. Primarily from the field of education, academic-practitioners such as Fetterman and colleagues (1996), Guba & Lincoln (1989) and Patton (1997) emphasize the *learning dimension* of PM&E. This work deals both with the capacity-building and individual and organizational

learning that can accrue from M&E activities. Of the several bodies of literature reviewed, this work provides the most practical suggestions for the development of stakeholder-driven M&E systems, i.e., for developing step-by-step methodologies for doing so. This literature complements the IDS work by defining the attitudes and skills required to facilitate participatory approaches to M&E.

This overview of these several bodies of literature examined in the review reflects the narrow view of M&E found in most of the HI literature. The other three bodies of literature are characterized by a much broader perspective on M&E in the context of: program planning and implementation; organizational learning; community and organizational capacity-building; and sustainable development.

2. Historical emergence of PM&E in development programs

2.1. Growing international interest in PM&E

In the health & HI fields, the use of PM&E is relatively recent compared with other development sectors. Interest in PM&E emerged first in agriculture and rural development in the 1970s (Estrella & Gaventa, 1998). The development of PM&E draws primarily on various participatory traditions including: farming systems research; farmer participatory research (Farrington & Martin, 1988); participatory action research (Freire, 1972; Fals Borda, 1985); participatory learning and action, including Rapid Rural Appraisal (RRA) and Participatory Rural Appraisal (PRA) (Chambers, 1997).

Over the past 30 years, many NGOs (World Neighbors, ACORD, OXFAM, CARE and others) have experimented with PM&E and developed tools for use in community programs. Since the 1980s, at the global level, many of the international development organizations began to discuss the importance of using more participatory approaches to M&E, namely, FAO, DANIDA, SIDA, DFID, USAID, the Asian Development Bank (ADB), and the World Bank. An excellent working paper from the Institute of Development Studies (IDS) at the University of Sussex, Estrella and Gaventa (1998) states that along with the growing commitment to participation in international development programs, “there is a growing recognition that monitoring and evaluation of development and other community-based initiatives should be participatory” (Page 3). Blackburn & Holland (1998) maintain that while participation has become the “sacred cow of donor organizations,” in many cases they have only vague ideas regarding the parameters and requirements for participatory development, including PM&E.

Narayan (1993) argues that PM&E is a logical extension of increased commitment to participatory development. She goes on to say that PM&E does not imply simply doing the same thing in a participatory way. Rather it requires far reaching changes in several key facets of M&E related to: (a) the purpose and uses of M&E; (b) the choice of indicators; (c) the way M&E activities are organized and carried out; and (d) the decision regarding who is involved in developing and conducting M&E

activities. In the field of public health, and specifically in HI, many of these fundamental issues related to PM&E have not yet been fully examined.

2.2. Limitations of conventional M&E

The interest in PM&E stems from various limitations and constraints associated with conventional, expert-led M&E. Criticism of traditional methods of M&E have primarily been articulated by those working in the area of participatory, sustainable development (IDS Workshop, 1996; Chambers, 1997; Estrella & Gaventa, *ibid.*), by educators involved in participatory evaluation and to a lesser extent by practitioners working in the health or HI sectors. Key criticisms of traditional expert led M&E are:

- M&E is primarily used to “control” and “manage” programs for accountability purposes, while much less attention is given to its potential to promote learning among program stakeholders.
- M&E has become an increasingly specialized and complex field, which suggests to program implementers that they are not capable of carrying out M&E activities on their own and that outside experts are always required.
- While “rigorous” methods are used in expert led M&E, the data generated are often of low validity and reliability due to the “distance” maintained between researchers and program stakeholders.²
- Outsider or expert-led M&E is not cost-effective insofar as it does not necessarily contribute to improved program management and field implementation by local staff and communities.
- The failure to substantively involve program staff in M&E often leads to their alienation from the M&E process and their lack of commitment to implementing decisions/recommendations based on M&E results.
- M&E systems are often both complicated and quite expensive. Both of these factors can dissuade program managers and stakeholders from developing this component of their programs.
- The focus on quantitative data collection does not provide in-depth insights into program outcomes, processes and constraints.
- While focusing on the “scientific objectivity” of outside M&E specialists, conventional M&E often fails to capture the “subjective” or “insiders” impressions of local staff and community members. This can lead to a superficial understanding of the implementation process and outcomes.
- In M&E activities outside experts “judge” the value of what has been accomplished rather than empowering community members, local staff and

² The term “program stakeholders” is used in this document to refer to both community members and development program staff who are involved with and interested in a given program.

program managers to make their own judgments about what has been done and what should be done next.

- M&E methods are usually not sufficiently gender- and poverty-sensitive to ensure that the experiences and opinions of women and poorer households are systematically captured.

2.3. Characteristics of participatory monitoring and evaluation

The same authors cited above identify the following characteristics of PM&E:

- It elicits involvement of local program stakeholders, allowing them to reflect on their own experiences and to learn from them.
- PM&E allows program managers, field staff and community members to better understand the perspectives of program stakeholders and the dynamics of community programs, which can contribute to improved program implementation.
- PM&E can increase the capacity and confidence of local program staff and community members to analyze their own needs and programs and to undertake action-planning based on the conclusions of such analysis.
- Through involvement of community and program stakeholders in M&E, community members can articulate their priorities and criticisms of development program strategies.
- It can contribute to sustainability of program strategies by increasing the sense of ownership on the part of local development staff and community members of the conclusions and recommendations for future action.

3. Overview of Participatory Monitoring and Evaluation

3.1. PM&E means different things to different people: alternative terms and concepts

Review of the literature reveals a multitude of similar and overlapping terms that refer to approaches adopted for PM&E. The following list is based on Estrella and Gaventa's (ibid.) list but is supplemented with other approaches found in the literature.

- Participatory evaluation (PE)
- Participatory monitoring (PM)
- Participatory assessment (PA)
- Participatory assessment, monitoring and evaluation (PAME)
- Participatory impact monitoring (PIM)
- Process monitoring (ProM)
- Self-evaluation (SE)
- Auto-evaluation
- Empowerment evaluation (EE)
- Stakeholder-based evaluation/stakeholder assessment
- Community monitoring/citizen monitoring (CM)
- Guided self-assessment

The variety of terms and approaches associated with PM&E contribute to the confusion regarding the characteristics and specificity of each approach. In fact, in some cases similar terms are used to refer to approaches that are quite different. An attempt has not been made to clarify the similarities and difference between each of these approaches. In any discussion on PM&E, it is very important to define the terms used in order to avoid confusion. A definition of PM&E that suits an organizations needs should be developed. Of greater importance would be the involvement of

hygiene improvement program stakeholders at the country level, when discussing PM&E concepts and developing individual definitions that correspond to their needs and priorities.

3.2. PM&E is more than a different tool box: reversals of power

At the global level, there is currently considerable interest in incorporating PM&E into community health and development programs. However, there is a consensus in the literature that adoption of such an approach represents a rather complex challenge insofar as it requires significant change at both the individual and organizational levels. Estrella and Gaventa (1998) state:

“PM&E is not just a matter of using participatory techniques within a conventional monitoring and evaluation setting. It is about radically rethinking who initiates and undertakes the process and who learns or benefits from the findings” (Page 2).

Similar sentiments are expressed by Robert Chambers, one of the main figures in the development of participatory methods for assessment, planning and evaluation in development programs. In his introduction to *Who Changes* (Blackburn and Holland, 1998), Chambers argues that effective use of participatory methods requires far-reaching changes at the institutional, professional and personal levels. He asserts that development workers who use participatory methods must radically modify their attitudes and approach:

“The question ‘Who changes?’ calls us to attention. The point is not what to change as much as how we change ourselves. Participation has little meaning unless we, and particularly those of us in positions of power, allow others to ‘take part,’ to set agendas, take decisions, manage and control resources” (Page 6).

In the participatory and sustainable development field, there is extensive discussion of the power dynamics in development programs in general and specifically in M&E activities. These discussions appear to be rare in ministries that deal with health and hygiene programs, where the focus is typically much more on the technical dimensions of the programs.

In keeping with Chambers’ thinking, Estrella and Gaventa (ibid) discuss four principles of PM&E, all of which suggest the radical changes required in the *power dynamics* between program staff and community members. All four principles imply that health/development workers must share power with communities if PM&E is to be effective. Power-sharing has far-reaching implications, starting with the need for development workers to have a strong commitment to eliciting and respecting the opinions and insights of local people.

1. **Participation** means opening up the design of the M&E system to include those most directly affected and agreeing to analyze data together.

2. **Negotiation** is an important dimension between program managers, implementers and community members to agree on what will be monitored or evaluated, how and when the data will be collected and analyzed, what the data actually means, how the findings will be shared and what actions will be taken.
3. All those involved in PM&E need to be open to the **learning** from the process and from the contributions of other stakeholders.
4. **Flexibility** is essential as the number, role and skills of stakeholders and other factors change over time.

Many government development workers, and some NGO staff, are not comfortable with these principles, nor do they have the skills required to make them operational in PM&E activities at the community level. Chambers states that while a multitude of participatory tools are being widely used, there is a great deal of “bad practice” that seriously threatens the effectiveness of these tools. He defines “bad practice” in terms of inappropriate attitudes and practices of development workers, including top-down and disrespectful attitudes toward community members along with domineering and impatient behavior.

The participatory tools are in whose hands?

There are a multitude of tools available for use in PM&E, however, their effectiveness is greatly compromised when they are in the hands of development workers who adopt a top-down approach, have disrespectful attitudes toward community members and/or are domineering and impatient.

It will not be sufficient to merely provide development workers with a new set of tools.

To ensure the sustained and effective use of these methods, strategies must also be developed to promote the requisite attitudes and skills, in keeping with the ideas expressed above.

3.3. Need for gender- and poverty-sensitive approach to PM&E

Another critical consideration in the development of PM&E systems is the need to ensure that PM&E approaches and tools are both gender- and poverty- sensitive. An approach to PM&E that is “gender-sensitive” is one that includes specific mechanisms/tools for collecting information from different categories of women with feedback and opinions on both program strategies and community needs. An approach that is “poverty-sensitive” includes mechanisms for first, identifying the “resource-poor households” and second, eliciting their feedback and opinions on problems and strategies to address them.

Often in M&E activities, information is collected from community members without ensuring that there is input from both gender groups and from lower SES groups.

3.4. Purposes of PM&E

There are various possible purposes for PM&E. In a participatory framework, the purpose of PM&E should be discussed with program stakeholders, reaching a consensus based on the expectations of the key categories of stakeholders. Purposes of PM&E may include the following:

- Assessing program inputs, processes, outputs and outcomes
- Generating information for program planning and management (both for community actors and development program staff)
- Stimulating program, organizational and community learning for decision-making
- Capacity building (Estrella et al., 2000) “PM&E actually goes beyond measuring changes and is also concerned with building people’s capacities to improve learning and self-reliance regarding their own development” (Page 14).
- Assessing program impact (PM&E is less frequently used for this purpose, but Jackson (1995), reports on use of *participatory impact assessment*).

3.5. Responsibility for PM&E

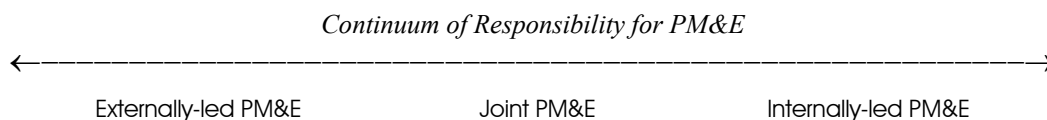
In the HI literature, there is considerable discussion regarding the importance of “community participation” in community programs, and specifically in M&E (Van Wijk-Sibesma). However, the concept of participation varies considerably. Wijk-Sibesma (2001) asserts that in many programs/projects that are referred to as “participatory” or “self-help,” in reality “participation” is often limited to providing labor, land or locally available materials for rigidly planned, top-down programs.

In the community development field, the ambiguity associated with the term or concept of “participation” has long been recognized. Over the years, one approach to dealing with this issue has been the development of various scales, or levels, of participation starting with Arnstein’s early “ladder of participation” (1969). In a recent scale of participation, Robertson and Minkler (1994) identify eight levels of community participation, from lesser to greater, as follows (These levels suggest possible levels, or degrees, of participation in M&E):

1. donation
2. manipulation
3. information
4. consultation
5. placation

6. partnership
7. delegated power
8. community control.

Specifically related to PM&E, Estrella and Gaventa (1998) propose a *Continuum of Responsibility for PM&E* composed of three levels, or modes, of conducting PM&E. The three modes suggest different levels of involvement and responsibility for initiating, developing and implementing PM&E, with “externally-led PM&E” at one end, “internally-led PM&E” at the other and “joint PM&E” in the middle (pp. 19-20).



Externally-led PM&E: Outsiders assume primary responsibility.

In this mode of PM&E, outsiders who have no direct involvement in the program are commissioned to organize and carry out a PM&E process. It is assumed that they will have an “unbiased” and “objective” point of view and will ensure that the input from various stakeholders involved in the M&E activities is balanced. The role of the outside evaluator is to develop the M&E framework and tools and to facilitate the M&E process by eliciting the views of key program stakeholders, through in-depth consultation and discussions, and by sharing his/her own insights and experiences.

Many M&E activities in community health and HI programs that are referred to as “participatory” are in fact “externally-led,” and the involvement of insiders is limited to providing feedback on program strategies and their perceptions of accomplishments. At present, there is a trend toward the use of more inclusive approaches to externally-led PM&E (i.e., toward greater involvement of stakeholder groups (Van Wijk-Sijbesma, 2001; Almedom et al., 1997)).

Internally-led PM&E: Insiders assume primary responsibility.

At the other end of Estrella and Gaventa’s continuum, responsibility for initiating, developing and implementing M&E activities is assumed by those directly involved in the program or project. This can include both community members (representatives of community groups and organizations) and field-based staff who are considered here to be “insiders.” In this case, these two categories of local people assume responsibility for all phases of M&E development and implementation. Such PM&E activities respond to communities’ accountability expectations and can also contribute to local capacity-building and organizational strengthening. While this approach is very attractive, it requires that program insiders have considerable skills to design an M&E process, including development of data collection instruments, analysis and synthesis of information collected.

Although many programs aspire to this mode of PM&E, it does not appear to have been widely used. At least few such experiences have been well-documented. There are some examples of the use of this approach. In the Aga Khan watershed management project in Gujarat, farmers and field staff designed and carried out the M&P process on their own (Shah et al., 1993). In an integrated rural development project supported by Redd Barna in Uganda (Guijt, 1997) a locally-orchestrated process to monitor various activities, including pit latrines, deforestation, immunization and family planning, was put in place.

Joint PM&E: Responsibility is shared by “insiders” and “outsiders.”

The aim of joint PM&E strategies, which combine dimensions of both internal and external PM&E, is to substantively involve insiders as well as outsiders in both the planning and implementation of PM&E activities. In joint PM&E, “The underlying objective is to achieve a more holistic perspective and involve a more diverse set of stakeholders” (Estrella & Gaventa, 1998).

In joint PM&E activities, the range of program stakeholders and their level of involvement vary considerably from one experience to another.

In some cases, those involved are limited to project managers and field coordinators, whereas in other cases lower level field staff and community representatives are full partners in the PM&E activities. The relative degree of participation of “insiders” and “outsiders” also varies considerably. Sometimes program field staff are involved in all phases of PM&E, while the participation of primary program stakeholders (community members) is much more limited.

This mode of evaluation is similar to the approaches developed in the field of education and currently used in many social and education programs in North America. The work on *Fourth Generation Evaluation* by Lincoln and Guba (1989) and on *Empowerment Evaluation* by Fetterman (1996) illustrate these approaches wherein program stakeholders are involved at every stage of the evaluation process through facilitation by an outside “evaluator.” The evaluator-facilitator provides a framework within which negotiations, related to both past accomplishments and future priorities, between stakeholders can take place. In international development programs, the works of Rugh (1992), *Self-Evaluation: Ideas for Participatory Evaluation of Rural Development Projects*, and *Participatory Program Evaluation: Involving Program Stakeholders in the Evaluation Process* (Aubel, 1999) are illustrations of this approach. Although the use of a joint-PM&E approach has increased in NGO/PVO programs over the past ten years, particularly in the USAID-supported Child Survival Projects, it appears that even in NGO programs, more conventional approaches to M&E still prevail (KPC 2000 reference).

Conclusions regarding involvement of HI program stakeholders in M&E

Based on the available documentation several preliminary conclusions can be drawn regarding program stakeholder involvement in HI programs around the world:

1. It appears that most WSH programs continue to rely exclusively on externally-driven, extractive approaches to M&E that involve program stakeholders to only a limited extent. Relative to the continuum of responsibility for PM&E, in most current programs the level of “insider involvement” appears to be even less than the degree of involvement in the “externally-led” mode described by Estrella and Gaventa. This observation supports the conclusion that “scaling-up participation” in M&E to the organizational and policy levels represents a formidable challenge. While most large donors and many NGOs still use exclusively top-down, externally-led approaches to M&E, the reasons for their reluctance to adopt more participatory approaches are unclear.
2. It is not realistic to prescribe a level of community involvement across programs. Rather, this must be decided on program-by-program based on: (a) the skills of program staff to facilitate community involvement in M&E tasks; (b) the overall degree of responsibility/involvement of community members in planning and managing community programs; and (c) the level of competency of community organizations and representatives to effectively assume the M&E tasks.
3. There is considerable discussion in the literature regarding the need to develop *inclusive PM&E methods* that explicitly identify and involve often-excluded groups, namely women, poorer households and young people, whose needs and perceptions of HI may differ significantly from those of men, the better-off and the adult members of the community. While these issues are ignored in most of the documents reviewed. They are systematically addressed by Van Wijk-Sijbesma (Page 66).
4. Stakeholder involvement in M&E cannot be isolated from stakeholder involvement in overall program planning and implementation. There is a growing tendency to want to use PM&E methods, while in the overarching structure and implementation of the program or project a collaborative or participatory mode has not been adopted. Clearly, the potential for PM&E will not be maximized if it is merely an appendage to a traditional program that is designed and implemented in a top-down fashion.

4. Steps in the development and implementation of a PM&E process

4.1. Steps in development of PM&E strategy

For the development and implementation of a PM&E strategy, a set of generic steps, or stages, that could apply to either insider-led or joint-PM&E, are suggested by Estrella et al. (2000). While these steps are in fact quite conventional, their application in PM&E differs significantly from their use in conventional M&E since there is the inclusion of a wider scope of stakeholders. The critical shift implied by greater stakeholder involvement is described by Guijt (2000):

“In PM&E processes, people who are normally not involved in deciding what is assessed, or in deciding how this is carried out, take a more active role. The ‘excluded’ are often community members, so-called ‘primary stakeholders’ but can also be junior staff in a project. From data collectors, they become process designers, process critics, data analysts and information users” (Page 202).

The inclusion of several categories of stakeholders at each of the steps in the process of developing and implementing a PM&E system substantively modifies the process itself and generally makes it more complex.

Step 1: Planning the PM&E process and determining objectives and indicators
Step 2: Gathering data
Step 3: Analyzing data
Step 4: Sharing the information and defining actions to be taken

Step 1: Planning the PM&E process and determining objectives and indicators

At this initial stage, the stakeholder groups to be involved in the planning of the PM&E process must first be identified. The objectives of the PM&E must be defined by stakeholders, including what will be monitored, how and by whom. Estrella and Gaventa describe the challenges at this step. “The planning stage requires a lengthy process of negotiation, contestation and collaborative decision making among various stakeholders. Identifying objectives and monitoring indicators can be the most difficult part of planning a PM&E process” (page 28). In some cases a common set of indicators are developed, while in other instances different stakeholder groups develop their own sets of indicators.

Note: For a description of how farmers were systematically involved in a participatory process to develop program indicators, see the article by Blauert and Quintanar in Estrella et al. (2000).

Step 2: Gathering data

Data collection can include the use of both quantitative and qualitative methods and tools. Quantitative methods can include: community surveys; intercept interviews; and observations. Qualitative methods can include various participatory learning methods using visual, interviewing and group tools and exercises.

Step 3: Analyzing data

While data analysis is often thought of as a rather mechanical and expert-driven task, PM&E should be an opportunity to actively involve various categories of program stakeholders in the critical analysis of successes and constraints and the formulation of conclusions and lessons learned.

Step 4: Sharing the information and defining actions to be taken

However participatory the M&E process in Steps 1-3 is, not all stakeholders can be involved in M&E data collection and analysis. In this step, the results of M&E activities are shared with other stakeholders, and there is discussion of appropriate actions to be taken based on the findings.

These four steps define a sequence of activities that should be carried out in order to put in place a PM&E. Other issues to deal with here relate to defining responsibilities for organizing, or participating, at each of these steps, and the type of involvement by either outsiders or insiders. The following table suggests the respective roles that can be played by “insiders” and “outsiders” at different places on the continuum of responsibility (presented above).

Table I: Roles of “insiders” and “outsiders” in development and implementation of participatory monitoring and evaluation strategies

Steps in development and implementation of PM&E strategy	Externally-led	Jointly-led	Insider-led
Step 1: Planning the PM&E process and determining objectives and indicators	O: determine stakeholders to be involved; develop the M&E framework, including objectives, indicators; and choose and develop data collection instruments I: provide feedback on proposed M&E framework; learn how to use the data collection tools	O & I: jointly identify stakeholders to be involved; develop the M&E framework including objectives and indicators; choose and develop data-collection instruments	I: determine stakeholders and outsiders to be involved; develop the M&E framework, including objectives and indicators; choose and develop data-collection instruments O: provide technical support to insiders when called upon
Step 2: Gathering data	O: coordinate data collection I: participate as data collectors and/or as interviewees	O: coordinate data collection I: participate as data collectors	I: coordinate all data collection activities
Step 3: Analyzing data	O: analyze raw data; summarize findings; formulate recommendations and prepare for presentation/ discussion I: no role to play	O & I: jointly analyze raw data; discuss results; summarize findings and develop recommendations	I: analyze raw data; discuss results; summarize findings; formulate recommendations O: provide technical advice on data analysis when called upon
Step 4: Sharing the information and defining actions to be taken	O: present findings and recommendations I: discuss findings and recommendations and provide feedback	O & I: present findings and recommendations to wider stakeholder group and elicit discussion of actions to be taken	I: present findings and recommendations to wider community and elicit discussion of actions to be taken; present recommendations to outsiders and elicit discussion O: provide suggestions on recommendations and actions to be taken

I = “insiders” (community representatives and local field staff)

O = “outsiders” (consultants, central level ministry officials, donor representatives, etc.)

Expanded set of steps for developing a PM&E process

While most of the documents on M&E in WSH programs present a series of steps to follow that are similar to the four steps presented above, almost none provide a detailed description of what is required to plan and implement a PM&E process. They tend to focus much more narrowly on the participatory methods and tools for use in PM&E. Included below is an alternative, and more detailed, set of steps proposed by Guijt (2000) (Guijt's PM&E steps overlap with those proposed by Estrella and colleagues, above).³

Guijt's Core Steps in Developing PM&E

1. Identify who should be and wants to be involved
2. Clarify participants' expectations of the process (what are their information needs) and in what way each person or group wants to contribute
3. Define the priorities for monitoring and evaluating (on which goals/objectives/activities to focus)
4. Identify indicators that will provide the information needed
5. Agree on the methods, responsibilities and timing of information collection
6. Collect the information
7. Adapt the data collection methodology, as needed
8. Analyze the information
9. Agree on how the findings are to be used and by whom
10. Clarify if the PM&E process needs to be sustained, and if so, how; adjust the methodology accordingly.

Guijt, I. "Methodological Issues in Participatory Monitoring and Evaluation." In: Estrella et al. (eds.) *Learning From Change: Issues and Experiences in Participatory Monitoring and Evaluation*. (2000)

³ As discussed elsewhere in this review, there is a blatant lack of guidelines on how PM&E systems can be developed within a program/organizational context. Guijt's 2000 article cited above is very useful in this regard though it is still very limited.

Note: Other references that provide in-depth discussion of a methodology for involving stakeholders at all steps of M&E are two books by Michael Quinn Patton entitled, *Utilization-Focused Evaluation* (1997) and *Creative Evaluation* (1981).

4.2. Parameters to include in PM&E of Hygiene Improvement programs

A critical task in developing a PM&E strategy (Step 1) involves deciding what information to collect, i.e., which parameters of the program in question should be addressed. Consistent with a participatory paradigm, the process of defining the parameters to be assessed in a PM&E system should involve program stakeholders. In a participatory framework, this task should not be the exclusive purvey of a donor, a governmental body or program staff. Stakeholder groups that should be involved in defining such parameters can include:

- Program funding/donor representatives
- Government WSS staff
- Program managers
- Program implementers/field staff
- Community representatives and groups

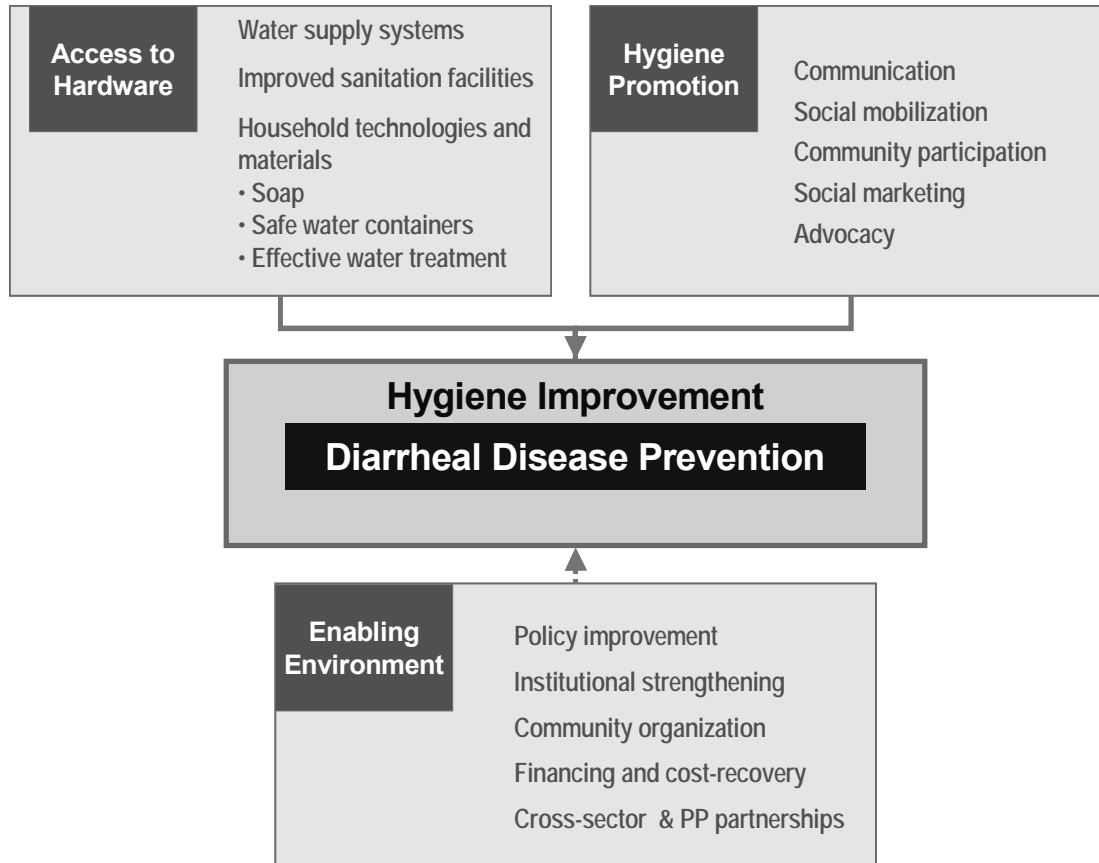
M&E parameters

A number of documents propose a set of core, or generic, parameters to monitor and evaluate in WSS programs (Naryan, 1993; Shordt, 2000; Van Wijk-Sibesma, 2001). These sets of parameters are useful for program managers and technical staff. However, if a participatory approach to M&E is adopted, the choice of M&E parameters to be assessed/followed in a program will depend on the specificity of the program as well as on stakeholder priorities, to include those proposed by technical staff. In other words, while it would not be appropriate to propose a “cookbook” of HI parameters for PM&E to be used in all programs, the generic parameters are definitely useful for technical staff as a basis for negotiation.

The list of possible parameters to assess and evaluate is lengthy, and different stakeholders (donors, managers, technical staff and community representatives) potentially have different priorities. The challenge, therefore, in an HI program, as in any other health/development program, is to identify a limited number of priority parameters for M&E from among an almost infinite number of potential parameters. In a program that has embraced a participatory mode, a process must be put in place that involves consultation and negotiation in order to arrive at a consensus list of parameters.

EHP priorities for M&E parameters

Based on the evidence from HI programs, research and evaluations, EHP and others such as UNICEF advocate for a three pronged strategic approach to programming which includes *access to hardware*, *hygiene promotion* and the broader *enabling environment* (see Page 23). Indicators to measure progress in reducing diarrhea, are set out in EHP's Strategic Report 8, "Assessing Hygiene Improvement: Guidelines for Household and Community Levels." The key indicator for measuring hygiene improvement impact is the percentage of children under age 36 months with diarrhea in the past two weeks. Other essential indicators most closely related to impact on diarrhea morbidity are the key family practices proven to reduce diarrhea. The three essential hygiene practices carried out by households, and specifically caretakers of small children, that have a proven health impact and that should be measured are: (1) handwashing with soap at critical times; (2) disposing safely of feces, especially children's feces; and (3) treating, storing and handling drinking water safely. Food hygiene should be considered as a fourth essential practice and added as an essential indicator where feasible. The lists of core indicators found in the documents cited above, include some indicators related to each of the three dimensions.



Access to hardware

- Changes in availability of, access to, functionality and use of water/sanitation services /infrastructure

Hygiene promotion

- Changes in hygiene norms and practices/behavior
 - Increased handwashing
 - Improved feces disposal

Enabling environment

- Accomplishments and changes related to community organization, community participation and community mobilization related to HI

Several key parameters, drawn from the literature discussed above, that should be factored into a PM&E system for HI (Narayan, Van Wijk-Sibjesma) are:

- Community perceptions of program activities and staff
- Involvement of and benefits to women
- Involvement and benefits to poorer households

In conclusion, the parameters addressed in a PM&E strategy for a specific district/country program should draw on, but should not be limited to the parameters defined in the Hygiene Improvement Framework

Multilevel, or ecological, framework for evaluation

In the community health literature, there is increasing discussion of the need to broaden the scope of interventions beyond the traditional focus on promoting change at the level of individuals and to adopt a system, or ecological, approach to promoting health and well-being. The justification for an ecological, or multi-level, approach to health promotion is on two grounds. Most individual behavior is influenced by factors that emanate from the wider household, community, institutional and policy environments. In most cases sustained improvements in health-related behavior depend not only on changes at the individual level, but also at one or more of those other levels.

In keeping with this line of thinking, Green's seminal writing and ecological model for the planning and evaluation of community health programs supports the need for M&E frameworks to include information collection at the individual, household, community, organizational and policy levels (Green et al., 1996).

In fact, an ecological, or multi-level orientation is reflected in the EHP *Hygiene Improvement Framework* that includes parameters at the individual, community, institution and policy levels, although the multi-level character of the framework is not presented in this fashion. Applying Green's ecological model to the HIF would involve defining both program objectives/anticipated results and evaluating indicators at each of these levels.

More than a decade ago, the Inter-American Foundation (IAF) (Ritchey-Vance, M., 1998) adopted a similar multi-level framework as a conceptual tool for organizing evaluations of community development programs in different sectors. The IAF tool that is commonly referred to as the "cone" focuses on three levels of anticipated outcomes: (1) individual and family; (2) community organizations; and (3) society/policy level.

4.3. Categories of tools for PM&E

The variety of tools and techniques available for use in PM&E include both more conventional tools from the social sciences and more recently-developed PRA tools. Most of the PRA tools were originally developed for use in initial community assessments (participatory rural appraisals etc.), however, most of them can also be used for planning, documenting and reporting on program activities. The purpose of these tools is to elicit group discussion, reflection and sharing and to stimulate groups of program stakeholders to formulate conclusions and plans for action.

Estrella and Gaventa (1998) propose the following categorization of participatory tools and techniques that can be used in PM&E:

1. PRA and PRA-related tools
 - Visualized analysis
 - Venn diagrams
 - Pie diagrams
 - Matrix scoring
 - Transect walks
 - Pocket voting
 - Spider web
 - Pile sorting
 - Rating scales
 - Un-serialized posters
 - Community mapping
 - Flow diagrams
 - Seasonal calendars
 - Interviews
 - Focus group discussions
 - Welfare classification/wealth ranking
 - Group and team dynamics methods

- Community meetings
- Group and transect walks
- Team review sessions
- Lessons learned exercise

2. Audio-visual tools

- Videos
- Story telling
- Popular theatre
- Songs
- Photovoice

3. Quantitative tools

- Community surveys
- Intercept interviews
- Structured observations

4. Tools derived from the anthropological tradition

- Participant observation
- Oral testimonies

4.4. Existing participatory tools relevant to M&E of key parameters of HI

The following table categorizes existing PM&E tools according to the parameters of HI. It also lists documents referred to in this report that describe the use of the various tools.

Table II: Existing Participatory Tools Which Can Be Used to Assess Key Parameters of HI Programs

Parameters	Tools	Source/s
Changes in hygiene norms and practices/ behavior (at individual & household levels)	Pocket chart, Bean exercise, community mapping before & after, matrix scoring by gender & age	Narayan (1993), PHAST/WHO Shordt/IRC (2000), Van Wijk-Sijbesma (2001)
Availability of, access to, functionality and use of water/sanitation services /infrastructure	Pile sorting, matrix sorting, rating scales, community survey	Narayan (ibid), Shordt (ibid), Van Wijk-Sijbesma (ibid.)
Accomplishments and changes related to community capacity building and organizational strengthening	Spider tool Matrix sorting, rating scales	Care NEPAL (1997) (based on work of Rifkin and colleagues, 1988) Gubbels & Koss (2000)
Community participation and community mobilization related to HI	Matrix sorting, rating scales, happy faces exercise, spider tool	Gubbels & Koss (ibid), CARE Nepal (ibid.), Narayan (ibid.)
Community perceptions of program activities & staff	Bean counting exercise, matrix rating, group discussions	Narayan (ibid), Schordt (ibid)
Organizational level: development workers perceptions of program, collaboration etc.	Spider web, matrix rating, rating scales	Care NEPAL (ibid), Gubbel & Koss ibid), CRWRC (1997)

4.5. Constraints associated with use of participatory M&E methods/tools

In spite of the enthusiasm and many positive experiences using the participatory tools, several constraints associated with their use are identified, associated with parameters related to both communities and development workers.

People's time. A major constraint to program adoption of participatory M&E tools and techniques, which is discussed at some length in the literature on participatory,

sustainable development (Estrella & Gaventa, *ibid.*; Guijt, *ibid.*), is the *time* required to use them. Particularly for women and members of poorer households, limited time to devote to such activities is a major impediment to the equitable involvement of community members and program stakeholders. The time required to use more participatory M&E methods is also often a constraint for development workers, especially if they are expected to use these methods in large numbers of communities.

Attitudes and skills of PM&E facilitators. Participatory development practitioners have increasingly expressed their concerns regarding “bad practice” associated with the use of participatory tools both in assessments and evaluations (IDS Workshop, 1996). These concerns deal with the inappropriate attitudes and inadequate skills of many of those who facilitate the use of participatory tools and exercises. Blackburn and Holland (1998) discuss the attitudes, skills and ethical principles required for truly participatory development and their observations regarding the inadequacies in the approach often adopted by development workers interacting with communities:

“The best way to participate, as individuals is to be humble, and listen, respond to and respect the knowledge, perceptions and feelings of the other, rather than to lecture and impose; but it is easier to advise others to change their behaviour than to do so ourselves” (Page 5).

Chambers (1998) reiterates this same theme regarding the personal challenge involved in making “participation” operational. He states, “Participation is about how people interact. Dominating behaviour inhibits participation. Democratic behaviour to enable and empower encourages it. For those with power and authority to adopt non-dominating, empowering behaviour almost always entails personal change” (Page xv).

5. Institutionalization of PM&E: the challenges

There has been increasing discussion in the participatory development field of how to “scale up participatory approaches” or how to “institutionalize the use of participatory approaches,” including PM&E. In 1996, a workshop was held at IDS/Sussex on this topic with participants from 26 countries involved in participatory development.⁴ An overarching conclusion of that workshop provides the rationale for giving increased attention to issues of institutionalization:

”Going participatory’ means moving beyond PRA and related methodologies as the central concern of implementing a more participatory form of development and exploring in greater depth questions of organizational development without which methodologies such as PRA are unlikely to have a lasting impact” (Page 146).

From the IDS workshop and discussions of PM&E in other recent forums, a broad consensus has emerged that a major challenge to participatory, sustainable development stems both from prevailing organizational and institutional values and structures and professional modes of practice that are adverse to participatory work with local people and communities.

⁴ The results of the workshop on Institutionalization of Participatory Approaches are presented in a book entitled, *Who Changes: Institutionalizing Participation in Development*, edited by Blackburn and Holland (1998).

5.1. Organizational constraints to scaling-up participation in WSH programs

Van Wijk-Sijbesma identifies (pp. 10-11) a series of structural phenomena in WSH organizations/programs, which she maintains represent serious constraints to the institutionalization of PM&E:

- Lack of social sector specialists working in the WSH area
- Blueprint, top-down project design and implementation mode
- Focus on hardware rather than development of *social infrastructure*
- Limited involvement of women in WSS organizations
- Limited sensitivity to gender issues
- Limited involvement of poorer households at the community level.

5.2. Domains of organizational culture requiring change for adoption of PM&E

The 1996 IDS workshop participants enumerated three domains of institutional culture in which changes are required in order to institutionalize PM&E: (1) personal skills and attitudes; (2) organizational procedures; and (3) systems and structures. All three of these domains appear to be relevant to the organizational culture found in most WSS organizations and programs.

Subsequently, these domains have been elaborated on by various authors in Estrella et al. (2000) and in Black & Holland (1998), who have defined parameters included in each of them. The critical dimensions of the three domains, which must be developed within organizations if they are to appropriately and effectively use PM&E tools and techniques, relate to the following:

Personal skills and attitudes

- The ability to listen and engage in dialogue and mutual learning: the ability to recognize that other people's perceptions are usually different, though no less valid, than one's own.
- Reflexivity: openness and willingness to change; critical self-awareness; capacity for self-evaluation.

- Capacity for vision: commitment to making oneself redundant, to “handing over the stick” to local people.

Organizational procedures

- Moving from product to process: greater appreciation of the process and capacity-building as indicators of success.
- New incentive mechanisms to reward “participatory” behavior in-house as well as in the field: project managers need to reward staff for displaying attitudes and behaviors that are propitious for participation, especially: tolerance, mutual respect, openness and adaptability.
- Multiple feedback mechanisms: using a variety of easy and fun tools and mechanisms to document and share field experiences to nurture organizational learning.
- Willingness to be evaluated by different stakeholders: a learning organization has to be willing to be evaluated by different units within the organization as well as by those it aims to serve (community members, etc.).

Systems and structures

- Allowance for flexible, ad hoc, innovative learning units: a network of loosely connected work units that encourage cross-fertilization, sharing and learning.
- Flexible accounts: greater flexibility in donor/funding arrangements so that originally unanticipated activities can be developed.
- Towards downwards accountability and transparency based on trust: giving community/local people more control over resources.
- Flat management and organizational structure: increased organizational ability to respond quickly, effectively and efficiently to changes in the strategy, needs, etc.

This discussion of the multi-dimensional changes required to institutionalize PM&E suggests the magnitude of the challenge, as articulated by leading contemporary practitioners/academics in PM&E.

Bringing about such changes in systems, structures and organizational procedures is clearly a long-term proposition that is probably beyond the scope of most WSH programs. Nevertheless, support to the sector could contribute to gradually bringing about these broader changes. It is probably much more realistic for such support to focus on promoting changes in *personal skills and attitudes* of development managers and field workers, rather than in organizational procedures, systems and structures.

5.3. Attitudes and skills required for effective use of PM&E tools

The absence of comprehensive strategies/tools to develop the attitudes and skills discussed above is extensively discussed in the participatory, sustainable-development literature, including the work by Estrella et al., and Gaventa. This issue was a major topic of discussion at the 1996 IDS meeting (referred to above) and is a recurring theme in Robert Chambers' 1997 book "Whose Reality Counts" (especially Chapters 10 & 11). Regarding the relative impact of "tools" and "attitudes" on participatory practice for empowerment, he argues that "Participatory behavior and attitudes matter more than the methods (tools). To confront (or change) behavior and attitudes is much harder than to teach methods."

Relatively little has been done to develop training/capacity building strategies and tools that address the values, attitudes and skills required by PM&E facilitators. In this regard, Estrella et al. maintain that "there is little documentation available on the best capacity building approaches for PM&E" (Page 13).

6. Analysis of key WSH Guidelines and Manuals for PM&E:

In this review, five documents were identified that deal with M&E specifically in WSH programs and that purport to be “participatory.” The contents, along with the key strengths and weaknesses of each document are briefly described below. In addition, each of the documents was reviewed in detail and categorized according to the following set of criteria that address priority aspects of PM&E in an organizational setting:

- Approach to PM&E: externally-led, joint PM&E or insider-led
- Proposed indicators address which level/s: (individual, household, community, organization; policy)
- Gender-sensitivity of the approach and tools
- Poverty-sensitivity of the approach and tools
- Variety/number of PRA tools proposed for PM&E
- Inclusion of guidelines for introducing PM&E into an organizational context
- Inclusion of guidelines for developing values, attitudes and skills of facilitators of PM&E
- Inclusion of guidelines for developing a PM&E system with program stakeholders.

The results of this analysis are presented in Table III (see following page).

Table III: Analysis of main WSH manuals/guidelines for participatory monitoring and evaluation

	PHAST/WHO	UNDP/World Bank (3 documents)	Almedom et al.	IRC/Shordt	IRC/Van Wijk-Sijbesma
Approach to PM&E?	Joint PM&E	Joint PM&E	Externally-led	Joint monitoring	Externally-led
Gender sensitive approach?	No	Yes	No	Yes	Yes
Poverty-sensitive approach?	No	No	No	Yes	Yes
Includes variety of PRA tools for PM&E?	Yes	Large variety	A few	A few	Yes
Provides guidelines for introducing PM&E into organizational context?	No	No	No	Some	No
Provides guidelines for developing facilitator/field staff values, attitudes and skills for effective PM&E?	No	Limited	No	No	No
Provides guidelines for development of a PM&E system with program stakeholders?	Very limited	No	No	Limited	No
Suggests indicators at which levels: individual, household, community, organization, policy	Individual	Individual, household, community & organizational levels	Individual	Individual, household, community, organizational, policy levels	Community, organization, policy levels

6.1. Hygiene Evaluation Procedures: Approaches and Methods for Assessing Water- and Sanitation- Related Hygiene Practices (1997) (Almedom et al.)

This guide was developed by the London School of Hygiene and Tropical Medicine and supported by the UK Overseas Development Administration, UNICEF and the International Nutrition Foundation for Developing Countries (INFDC). It is a “field companion” to the IRC document entitled *Actions Speak: The Study of Hygiene Behaviour in Water and Sanitation Projects* (Boot & Cairncross, 1993).

Purpose of the guide: This guide was developed for use by WSH field staff to design and conduct their own evaluations, specifically of “hygiene practices,” in the context of community programs. The Hygiene Evaluation Procedures (HEP) approach deals exclusively with qualitative data collection methods and proposes the use of several types of tools, including PRA activities and focus group discussions. The HEP is based on a behaviorist risk-factor model, and M&E data collection focuses only on the assessment of hygiene-related behaviors. For example, no attention is given to assessing important parameters such as community feedback on program strategies and implementation and the evolution in community participation and community management of WSH services and strategies.

The authors do not explicitly suggest that program stakeholders be involved in M&E activities. Instead, they state that program staff must decide whether and to what degree to involve different categories of program stakeholders. The approach is neither gender-sensitive, nor poverty-sensitive.

2a. Participatory Evaluation: Tools for Managing Change in Water and Sanitation. World (1993) Narayan, D. Bank, Washington, D.C.

2b. Participatory Development Tool Kit: Training Materials for Agencies and Communities (1994) (Narayan & Srinivasan.) World Bank, Washington.

2c. Tools for Community Participation: A Manual for Training Trainers in Participatory Techniques (1990) (Srinivasan)

These companion materials were developed in the joint UNDP-World Bank Water and Sanitation Program. As suggested by their sector affiliation, the focus of these materials is on WSS infrastructure and use and management of WSS services. These materials do not address the health-related outcomes per se.

Purpose of these materials

The Participatory Evaluation (Document 1a) document is organized around a discussion of indicators which are relevant to M&E of key facets/dimensions of WSS programs. These dimensions are: sustainability, effective use and replicability. For each of these indicators a series of sub-indicators are proposed and for each of these, participatory methods are suggested, which can be used to assess these parameters. The methods proposed are primarily interviews, visual exercises and mapping exercises. While the author states that the process through which indicators are developed with program stakeholders is as important as the ultimate indicators themselves, the document does not suggest what type of group process, or methodology, could be used with program stakeholders to arrive at a definition of indicators. The document proposes a multitude of indicators that could be used in M&E of WSS programs. This further supports the need for a methodology that can be used with program stakeholders to prioritize indicators and decide on a reasonable number of variables to assess.

Narayan maintains that a frequent shortcoming of PM&E activities is that they are conducted only at the community level. She asserts that for PM&E to be effective in an institutional setting, senior officials of governments and development support agencies should also be involved in such activities. While she discusses the importance of organizational support for development of PM&E in programs, the document does not provide guidelines for introducing PM&E into an organizational setting.

As the title suggests, the **Participatory Development Tool Kit** (Document 2b) contains a set of 25 participatory exercises/activities that can be used in WSS programs to involve both community and agency groups in various program development activities, of which a few are explicitly proposed as tools for PM&E.

Srinivasan's **Tools for Community Participation** (Document 2c) in WSS programs contains many of the same tools included in Document 2b. In contrast to the tool kit (Document 2b), wherein the tools are merely described, this document proposes how a workshop can be organized to introduce WSS program staff to these participatory tools. It does not present tools that are explicitly designed to be used for PM&E, however, many of the tools could be adapted for this use. This document includes an introduction on the skills required of a facilitative trainer who would teach others how to use the participatory tools. However, while it focuses on *skill development*, it does not systematically address the *values and attitudes of development workers* that Estrella, Gaventa, Chambers and other proponents of participatory development have identified as critical to effective use of participatory approaches and tools.

6.2. PHAST Step-by-Step Guide: Participatory Approach for the Control of Diarrheal Disease (2000) (Sawyer et al.)

This guide was developed by the WHO Rural Environmental Health Unit, the Global Task Force on Cholera Control and the WHO Sub-regional Cholera team in Harare. It deals with environmental health issues and most specifically with diarrheal disease prevention.

Purpose of the guide: To provide WSH workers with a participatory methodology to use with communities to promote community management of WSS facilities. It assumes that those using the guide have strong facilitation and training skills. It presents participatory tools for: assessing community problems; planning for solutions and how to implement them; and monitoring and evaluating WSH activities.

It adopts a conventional “deficits approach” to community systems and starts with “problem identification.” The approach is neither gender-sensitive, nor poverty-sensitive, and does not suggest how women and poorer households can be systematically involved in WSH activities. The section on M&E is very limited and consists only of the presentation of several PRA tools that could be used in a PM&E strategy. The guide does not propose a strategy for introducing the PHAST/participatory approach, or specifically PM&E, into an organizational context.

6.3. Action Monitoring for Effectiveness: Improving water, hygiene and environmental sanitation programmes. (2000) (Shordt) Parts I and II

These materials were developed by IRC with support from DANIDA. Part I provides an overview of the steps to be followed in developing a system of action monitoring for effectiveness (AME). Part II provides guidelines on different issues and indicators that can be monitored and methods that can be used to collect information on these indicators.

Purpose of these documents: The AME approach emphasizes the collection and use of monitoring information at the lowest possible level in order to improve ongoing program implementation. Unconventional characteristics of this approach include: (1) involvement of different levels of stakeholders (from both development agencies/government and communities) in information collection, analysis and use and (2) giving priority importance to monitoring the *effectiveness* of program outputs, rather than their *efficiency*, which has been the traditional focus in M&E systems in WSS programs.

The steps proposed in Part I for development of an AME system are similar to those proposed in the other documents reviewed here. However, in this document the presentation is much more user-friendly, partly because the simplified language used throughout helps to demystify the world of M&E. Perhaps the most useful aspect of these documents is the comprehensive framework proposed for identifying “issues” (this is the term used rather than *parameters*) to be monitored. These issues and sub-issues are grouped into three categories:

1. Institutional capacity and responsibility which includes: the community and its institutions; agency, district and non-governmental organizations; and community and agency issues that interface directly.
2. Sustained water supply and sanitation, which includes: the establishment of water supply and sanitation; O&M for water facilities; and latrines
3. Use of services and benefits, which includes: the use of facilities and hygiene behavior; and costs and benefits.

Possible indicators are suggested for each of these issues along with methods for collecting such information. A variety of more conventional and participatory methods are suggested, which are categorized as follows: 1) written documentation

(reporting forms, checklists etc.); (2) technical methods (water quality kits, etc.); (3) observations; (4) interviews of various types; and (5) participatory group methods (card sorting, pocket chart voting, etc.). Throughout the document, considerable attention is given to ensuring that AME activities are gender and poverty-sensitive. These materials provide some, though limited, suggestions regarding how an AME system could be developed within an organizational context.

6.4. The Best of Two Worlds: Methodology for Participatory Assessment (MPA) of Community Water Services (2001)

This book is based on a study that was jointly undertaken by the International Water and Sanitation Centre (IRC) and the World Bank (WB). The IRC-WB collaborative effort involved developing and testing the use of the MPA approach.

Purpose of the document: The document describes the MPA methodology, which is reported to be the first methodology developed in the WSS sector that is based on a more comprehensive concept of participation in so far as it is both gender-specific and poverty-specific. The assumption upon which this exercise was based is that WSS programs that adopt a participatory, gender and poverty-specific approach will be more effective and more sustainable.

In addition to more conventional parameters for assessment/M&E of WSS programs, a series of parameters are suggested for assessing gender and poverty-sensitivity at the community, agency and policy levels. The document provides practical suggestions on how to ensure that women and the poor are brought into all community level discussions in order to triangulate the perspectives of women and men, and of the poorer and better off households. In light of the focus of this EHP review, the detailed presentation of the MPA methodology illustrates several dimensions of PM&E that are overlooked in the other core WSS documents reviewed here.

The actual tools used in the MPA are similar to those proposed in the other documents/manuals. The difference lies primarily in the strategies used to ensure that women and the poor are involved in the exercises using the visual, interview and mapping tools. It includes specific tools designed to help identify women's needs and perspectives and to identify the less well-off households in the community.

6.5. Limitations of existing guidelines and tools for PM&E

Based on the observations presented in Table III (see Page 34), several common weaknesses, or shortcomings, are identified in the WSS materials related to PM&E systems:

- All of the documents present a variety of tools that can be used for PM&E in WSH programs. However, none propose/describe a process, or methodology, for developing a PM&E strategy in a program or organizational context.

- While all of the documents present various participatory tools, only one of the documents reviewed provides participatory training materials/guidelines to teach program staff how to use the participatory PM&E tools.
- None of the guidelines includes comprehensive and in-depth training materials/activities that address the values, attitudes and behaviors required for effective use of PM&E activities/tools by development workers.
- Existing PM&E tools for WSH provide limited guidance on methods and tools for monitoring and evaluating community participation and capacity building in WSS programs.
- Available documents do not describe strategies for developing the organizational values, capacity and procedures to initiate and sustain use of PM&E.

Parameters assessed in PM&E in HI programs

Available guidelines for M&E focus on assessing inputs, outputs, outcomes and impact related to availability and access to hardware, hygiene-related behaviors and sometimes the impact on health status. The capacity-building and community participation dimensions of program implementation are rarely and only superficially addressed in the available guides. The leading thinkers/authors writing on PM&E in the field of participatory, sustainable development (Chambers, Estrella et al., and Gaventa) all argue that these process dimensions of community programs should be considered not only as a means of achieving improvements in hygiene-related facilities and practices, but also as ends in themselves, and as such that they should be systematically tracked over time.

No published references from the WSH sector on PM&E that propose including parameters related to community participation and community organizational strengthening in a M&E framework were identified.

It will be neither possible nor appropriate to write a “cookbook” of HI parameters for M&E to be used in all programs. In the context of PM&E, the choice of such parameters will depend both on the specificity of the program/project and on stakeholder priorities. On the other hand, it would be possible to develop a group methodology/process for collectively defining such parameters.

7. Conclusions

Scope of documents reviewed

Documents reviewed were from four areas of the literature: 1) Water & Sanitation/Hygiene Improvement; 2) Participatory M&E; 3) M&E in Community Health Promotion; and 4) Participatory Evaluation and Empowerment Evaluation. The focus of the documents from the first category reflects a narrower scope for PM&E with more limited stakeholder involvement and more emphasis on “measurement” and “accountability.” In contrast, the documents from the other sectors M&E strategies tend to focus much more on decision-making, learning and empowerment of program stakeholders.

Complementarity of conventional M&E and PM&E

In the available WSH literature, there is not a clear explanation of the relative place of PM&E and more conventional M&E methods in the context of WSH programs. Both program staff and community members need to understand the complementary purposes of the two types of M&E.

Concepts of “participation” in PM&E

The “participation dimension” of PM&E is defined in a myriad of ways in the various references. It is commonly assumed that PM&E implies that community members play a leading role. In fact, the proposed degree of involvement of community members and other stakeholders varies considerably in the different references. Estrella and Gaventa (1998) present a continuum composed of three levels of involvement/responsibility for initiating, developing and implementing PM&E, ranging from “externally-led PM&E,” to “internally-led PM&E,” with “joint PM&E” in between. The approach to PM&E presented in most of the materials from the WSH sector correspond to the “externally-led PM&E” where community stakeholders are involved but to the least extent.

Tools for PM&E

A variety of tools and techniques are available that can be used in PM&E strategies. Most of the PRA tools were originally developed for use in community assessments (participatory rural appraisals, etc.), however, most can also be used for planning, documenting and reporting on activities. The purpose of these tools is first, to elicit group discussion, reflection and sharing based on information collected and second, to encourage groups of program stakeholders to formulate conclusions and plans for

action. Many of the tools can be used not only with community groups, but also with HI development workers.

Participatory training for use of PM&E tools

While there are a number of documents which describe, or present, various participatory tools that can be used in M&E activities, only one of the documents reviewed (Srinivasan, 1990) provides guidelines on how participatory training can be carried out to teach program staff how to use the PM&E tools. The Srinivasan material is very useful, however, it is not presented as a comprehensive training manual with detailed training session designs, etc.

Beyond the toolbox: introducing PM&E into organizational/ program settings

The greatest challenge to promoting PM&E appears to lie not in identifying or adapting existing tools to construct a “toolbox for PM&E for HI,” but rather in developing a strategy, or methodology, to introduce and sustain PM&E in organizational/program settings. Both the literature reviewed and my own field observations support the conclusion that often program staff have a toolbox of participatory techniques, but what they lack is an idea of how to develop an M&E system for a program or organization, and which various participatory tools may be used.

Existing tools and the EHP HI Framework

A generic set of tools could be developed for use or adaptation in different settings. Given the variety of participatory tools (PRA and related tools) that exist from both the WSH sector and other sectors (namely health and rural development), in most cases, existing tools could be adapted for use in assessing the various parameters within the framework.

Organizational compatibility of PM&E

While participatory approaches are in vogue, including PM&E, making these approaches operational is generally more complex than anticipated. In this vein, the potential for PM&E to be developed and sustained in an organizational context depends on a number of characteristics of the broader program or organizational environment. PM&E will not be very effective if it is merely an appendage of a traditional, top-down program or organization. The potential for PM&E is greater in organizations that: (a) are committed to participatory approaches to overall program development and implementation; and (b) are committed to promoting ongoing organizational and personal learning. If these characteristics are not already developed in an organization, they should be developed along with the introduction of PM&E.

Tools to assess community participation and capacity-building

In addition to the health-specific objectives/results that should be tracked in HI programs, M&E strategies should also assess the evolution in community participation and capacity-building. These parameters are included in EHP's HIF. Tools are available from outside the WSH sector that could be adapted for this purpose.

Gender- and poverty-sensitivity in PM&E strategies

Communities are not homogeneous phenomena and development programs tend to involve certain groups in the population more than others. There is a particular need to develop *inclusive PM&E methods* which explicitly seek to identify and involve often-excluded groups, namely women, poorer households and young people. These dimensions should be highlighted in all PM&E tools, training materials and technical assistance support.

Dominating behavior in PM&E inhibits participation and learning

A key issue in the participatory development literature is concern with the recurring “bad practice” associated with the use of participatory tools and approaches due to the dominating attitudes and behavior of some development workers. There is an absence of comprehensive training materials/activities that aim to strengthen the attitudes and behaviors required for effective use of PM&E activities and tools by development workers.

8. Recommendations

- A generic set of participatory M&E tools to address the parameters/indicators included in the Hygiene Improvement Framework should be developed. This would involve adapting existing PM&E tools from the WSH sector and from other sectors.
- A methodology should be developed, which can be used with an HI program or organization to create a comprehensive M&E system, in which indicators, tools and responsibilities are defined, and a PM&E component is included.
- Participatory training materials for use in teaching HI development workers/staff and/or community representatives how to use participatory tools for PM&E should be developed. Such materials should include sessions/activities that address the values, attitudes and behaviors that are prerequisites to the effective use of these tools.

9. Priority references on PM&E

As stated above, for programs/organizations that wish to develop PM&E strategies, there are considerable gaps in the available WSH literature in terms of methods, tools and training. In response to the question from EHP staff regarding the “relative usefulness” of the literature/documents that **are** available, the following short, priority bibliography was developed. It includes documents not only from the WSH sector, but from other sectors as well, namely education and community development. These references are organized around the main gaps identified in the WSH literature, and unfortunately, most of them address “what needs to be done” rather than “how to do it.” For each topic, the references are listed in order of their “relative usefulness.” (Complete references are in the bibliography).

- Developing a PM&E system in a program/organizational context
 - Guijt, I. “Methodological Issues in Participatory Monitoring and Evaluation” in Estrella et al. (2000).
 - Patton, M.Q. Utilization-Focused Evaluation (1997) and Creative Evaluation (1981).
 - Shordt, K. Action Monitoring for Effectiveness. (2000)
 - Sidersky, P. & Guijt, I. “Experimenting with participatory monitoring in north-east Brazil: The case of AS-PTA’s Projeto Paraiba” in Estrella et al. (2000).
- Identifying priority M&E indicators with program stakeholders
 - Blauert, J. & Quintanar, E. “Seeking local indicators: Participatory stakeholder evaluation of farmer-to-farmer projects, Mexico” in Estrella et al. (2000)
 - Shordt, K. In Part I, Chapter 3: “Action monitoring for effectiveness.” (2000)
 - Sidersky, P. & Guijt, I. (ibid)
 - Narayan, D. (1993) Chapt. 3: “A framework of indicators”
- Participatory training materials on the use of participatory PM&E tools.
 - Srinivasan, L. Tools for Community Participation. (1990).

- Leurs, R. “Current challenges facing participatory rural appraisal” in Blackburn & Holland (1998)
- Sawyer & Wood. (1998)
- Developing empowering values, attitudes and behaviors on the part of development workers/staff
 - Chambers, R. “Putting the first last” in *Whose Reality Counts?* (1997)
 - IDS Workshop. “Towards a learning organization: making developmental agencies more participatory from the inside” in Blackburn & Holland (ibid)
 - Leurs, R. (ibid)
- Developing a strategy to promote organizational values, capacity and procedures required to initiate and sustain PM&E
 - Gaventa, J. “The scaling-up of institutionalization of PRA: lessons and challenges” in Blackburn & Holland (ibid)
- Developing PM&E tools to assess community participation and capacity building
 - World Neighbors. *From the Roots Up: Strengthening Organizational Capacity through Guided Self-Assessment.* (2000)
 - Blauert, J. & Quintanar, E. (ibid) *
 - Torres, V. H. “Monitoring Local Development with Communities: The SISDEL Approach in Ecuador” in Estrella et al. (2000) *
 - The last two references both deal with applications of the Inter-American “cone” model for evaluating development programs.
 - Narayan, D. Sections S.2: “Human Capacity Development:” and S.3: “Local Institutional Capacity”
- Facilitator skills required to conduct PM&E activities
 - Guba, E.G. & Lincoln, Y. S. *Fourth Generation Evaluation.* (1989).
 - Patton, M.Q. *Utilization-Focused Evaluation.* (1997)

Postscript

Based on the conclusions of the literature review, EHP decided to support development of a methodology to help organizations initiate participatory community monitoring (PCM) activities in their ongoing water supply, sanitation and hygiene (WSH) programs. For this purpose, in 2003-2004 support was provided to

NICASALUD in Nicaragua, a consortium of NGOs working in WSH. The WSH program within NICASALUD carried out this activity with three non-governmental organizations in the country. The work involved assisting the three organizations to develop PCM strategies, documenting the work of each organization and development of a manual on the organizational methodology for PCM for use by other organizations.

Overview of the organizational methodology for PCM

The methodology involves developing organizational commitment to and capacity in participatory community monitoring (PCM) and developing community capacity to carry out PCM.

Objectives of the PCM methodology

The PCM methodology has four objectives related both to the development organization itself and to the community groups it supports:

1. To permit an organization to develop PCM strategies within its overall system of M&E
2. To permit an organization to strengthen the capacity of its staff to implement PCM strategies
3. To enable community groups to implement PCM activities developed in collaboration with the supporting external organization
4. To strengthen the capacity of community groups and their leaders to use PCM approaches and tools.

Description of the PCM methodology

The ultimate goal of the methodology is to allow an organization to develop PCM strategies at the community level, to help community groups to use these strategies and to allow both community groups and the supporting organization to learn from the PCM activities on an ongoing basis. Two ideas that underpin the methodology are *the learning organization* and *the learning community*.

The methodology consists of three phases, each composed of a number of intermediary steps.

Phase I: Preparing for PCM

The first “organizational” phase allows an organization to develop its own PCM strategy and to prepare itself for implementation of the strategy at the community

level. A series of tasks are accomplished in this phase through various meetings and workshops in which both organizational managers and technical staff participate.

Phase II: Initiating PCM with community groups

In the second phase of the methodology a participatory process is used to involve community groups in developing simple monitoring tools. The goal is to incorporate into such tools monitoring criteria identified both by community members and by technical field staff through a process of discussion and negotiation. The activities with community groups take place both through meetings and short workshops facilitated by field staff.

Phase III: Documenting and revising the PCM strategy

In the third phase, community leaders take responsibility for implementing the PCM strategy with support from the technical field staff of the supporting organization. Field staff are responsible for observing and documenting the PCM activities in order to modify the strategy, if necessary, and to develop lessons learned for ongoing and future use of the methodology.

The PCM manual and lessons learned by the organizations involved in piloting the methodology will be available in mid-2004.

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